

## Maine CDC WIC Nutrition Program/MaineCare Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals

Healthcare Provider:	Return form to:
Address:	
Phone: Fax:	
Provider DEA:	
Patient's Name: Date of Birth: / /	
MaineCare ID#: Pare	nt/Guardian:
Pharmacy Name: Phar	macy Address:
Pharmacy Fax: Pharm	macy NABP/NPI #:
Please specify the underlying qualifying medical diagnosis(es): Please note that non-specific conditions such as rash, intolerance, underweight, fussiness, colic, spitting up, vomiting, gas, or constipation, or requests strictly for management of body weight will <u>not</u> be considered indications for a medical formula.	
☐ Prematurity (<37 weeks gestation)	Developmental Delay
<b>5</b> 5 100 1 ( 16)	· · · · · · · · · · · · · · · · · · ·
☐ GI Disorder/Malabsorption Syndrome (specify):	
☐ Failure to Thrive (specify underlying medical condition):	
Other (specify):	
The Maine CDC WIC Nutrition Program issues only contract infan	t formula for partially breastfed or nonbreastfed infants who are
using standard cow's milk or soy formulas. The current contract formulas include: Similac Advance (20 kcal/oz), Similac Isomil	
(20kcal/oz), Similac Sensitive (19kcal/oz), Similac Total Comfort (19 kcal/oz) and Similac for Spit-Up (19 kcal/oz).	
The 19kcal/oz formulas require WIC staff to obtain medical documentation prior to issuance.	
All prescriptions for medical formulas are subject to WIC approval and provision based on program policies. Please refer to the	
Maine CDC WIC Nutrition Program formulary for more information: <a href="http://www.maine.gov/dhhs/mecdc/health-">http://www.maine.gov/dhhs/mecdc/health-</a>	
equity/wic/health/index.shtml#F	
Formula Prescribed: Pre	scribed ounces or cc/day
Tube feeding  Yes  No	scribed ourices of cc/day
Special instructions for preparation, dilution or tube feeding (if applicable):	
special instructions for preparation, dilution of tube reeding (ii applicable).	
Duration of prescription: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 6 months	
Foods to be omitted in patient's diet:	
□ None □ Omit:	
☐ WIC Registered Dietitian may assess for and provide appropriate WIC foods (such as lactose free milk, provision of infant	
solids at 6 months of age and whole milk at 12 months) to my participant receiving a medical formula. If this checkbox is not	
selected, WIC must have written authorization from HCP to provide foods.	
Note to sailly for while to a series of the	
☐ Whole Milk for child ≥24 months or woman (must also be prescribed medical formula for qualifying medical condition)	
<b>HEALTH CARE PROVIDER SIGNATURE</b> (MD, DO, PA, NP):	Date:
Printed Name (Health Care Provider):	
WIC Office Use: Part ID#: HH ID#:	Clinic: Appendix NS-2-G